

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION			
TYPE CLASSIFICATION	CF		10/21
FORMALITY REVIEW	A		1-21-00

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Canceled	A	Appeal
Restricted	O	Objected

(through numeral)

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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